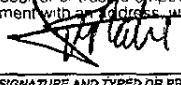


FILED
Apr 27, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000118790		
1. Entity Name S & V INC.		
Principal Place of Business 3020 N MAIN ST JACKSONVILLE, FL 32206		Mailing Address C/O YU D HAN, CPA 4401 EMERSON ST, SUITE 8 JACKSONVILLE, FL 32207
DO NOT WRITE IN THIS SPACE		
		 04212005 No Chg-P CR2E034 (10/03)
4. FEI Number 74-3056403		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
HAN, YU D 4401 EMERSON ST, SUITE 8 JACKSONVILLE, FL 32207		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, VIKAS H 1195 AMERICAN EAGLE LANE JACKSONVILLE, FL 32225	 04/27/05-80048-025 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PATEL, SAMIRKUMAR D 1195 AMERICAN EAGLE LANE JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, VIKAS H 1195 AMERICAN EAGLE LANE JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  PRESIDENT		Date 4/26/05 Davline Phone # 904 358 0054